

malone

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>D. Brown</i>	
1. Article Addressed to:		B. Received by (Printed Name) D. Brown C. Date of Delivery 1/18/07 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Trans Union, LLC Prentice-Hall Corp. System Inc. 150 South Perry St Montgomery, AL 36104		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
<i>2:07cr41-tmf cmplsmo 20 dep</i> 2. Article Number <i>(Transfer from service label)</i>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7005 1160 0004 3935 8644			
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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Equifax Information Services, LLC CSC Lawyers Incorporating Service Inc. 150 South Perry Street Montgomery, AL 36104		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
<i>2:07cr41-tmf cmplsmo 20 dep</i> 2. Article Number <i>(Transfer from service.)</i>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7005 1160 0004 3935 8668			
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	